

**ARIZONA DIVISION OF EMERGENCY MANAGEMENT
FORCE ACCOUNT LABOR SUMMARY RECORD**

PAGE _____ OF _____

APPLICANT NAME	PW #	PCA #
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LOCATION/SITE	CATEGORY	PERIOD COVERING _____ TO _____
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DESCRIPTION OF WORK PERFORMED

NAME & JOB TITLE	DATES AND HOURS WORKED EACH WEEK								COSTS				
	DATE								TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR \$ or %	TOTAL HOURLY RATE	TOTAL COSTS
NAME	REG.									\$		\$	\$
JOB TITLE	O.T.									\$		\$	\$
NAME	REG.									\$		\$	\$
JOB TITLE	O.T.									\$		\$	\$
NAME	REG.									\$		\$	\$
JOB TITLE	O.T.									\$		\$	\$
NAME	REG.									\$		\$	\$
JOB TITLE	O.T.									\$		\$	\$
NAME	REG.									\$		\$	\$
JOB TITLE	O.T.									\$		\$	\$

Total Cost for Force Account Labor Regular Time	\$
Total Cost for Force Account Labor Overtime	\$

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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July 2000

FORM # AZ PA 204-7